

247900

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

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CLERK'S OFFICEBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2013-446-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tonya Bryant "dba" Optimum Transport Telephone: 804-552-1114

Address: 1022A Old Easley Hwy Fax: 804-552-1151

Greenville SC, 29611 Other: 804-992-3883

Email: TonyaBryant@OptimumHnHhncr.sc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application:☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement

COPY

Posted: _____

Days: _____

Date: _____

Time: _____

☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 12-4-2013

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

OptimumHealthcare LLC "DBA" Optimum Transport

1222A Old Easley Hwy. Greenville SC 29611

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-552-1114

Phone

864-552-1151

Fax

TarpBryant@OptimumHealthcareSC.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month December Year 2013

Assets:

Cash	\$ 10,000
Receivables	\$4,100
Real Estate	0
Buildings and Equipment (Net)	\$5,000
Motor Vehicles (Net)	\$8,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	\$1,000
Supplies on Hand	\$100
Prepays and Other Assets	0
Total Assets *	29,200
Liabilities and Equity:	
Accounts Payable	\$ 2,800
Notes Payable	0
Mortgages Payable	\$ 500
Equipment Obligations	0
Accrued Salaries and Wages	\$2,500
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	\$5,800
Capital Stock	0
Retained Earnings	0
Total Equity	\$5,800
Total Liabilities and Equity *	

* Total Assets - Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Current rate for non-emergency transport is
\$20.00 base rate plus \$1.50 per mile.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide"
authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry (The number of passengers a vehicle is equipped to carry is based on the number of seats in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Chrysler	2003 Town & Country	2C8GP54L73R159644	4100	NO
Chrysler	2000 Town & Country	1C4GP44G1YB530071	4100	NO
Dodge	2000 Voyager	2P4GP45G4YB594757	3772	NO

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Optimum Healthcare DBA Optimum Transport
Name of Applicant
622A Old Forsley Hwy Greenville SC 29611
Address of Applicant

Amount of Premium:

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.
 Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	6:2014-0451414 and 6:2014-0451414
Medical Payments per Person	\$ 1,000	N/A

American Service
Name of Insurance Company
150 Northwest Point Blvd Elk Grove Village IL 60007
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/3/13
Date

[Signature]
Authorized Insurance Company Representative's Signature

NOTICE

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 56-23-910. For more information, contact Vickie Collier with the Department of Motor Vehicles at (803) 896-2457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$300,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Optimum Healthcare LLC "DBA" Optimum Transport
Name

8457593

U.S.D.O.T No.

N/A
ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.103-400 through R.103-409 of the Commission's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant **AGREES** to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application.
- ☐ The Applicant **DOES NOT AGREE** to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

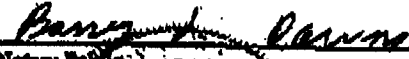

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Greenville

SWORN TO BEFORE ME

This 4 day of Dec, 20 13


Notary Public
My Commission Expires
January 5, 2014



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

OPTIMUM HEALTHCARE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 30th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
7th day of September, 2010.

Mark Hammond
Mark Hammond, Secretary of State